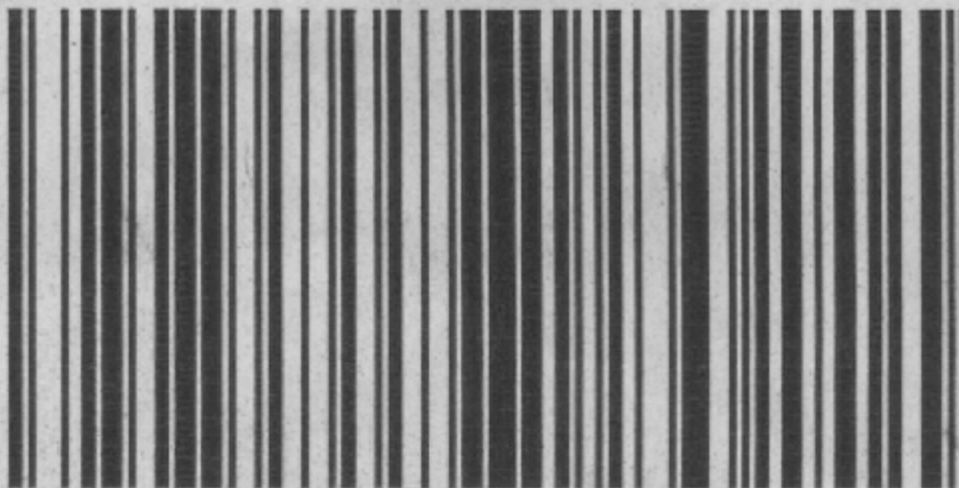


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28699612

2 2 2 E E E 2 2 2

SUBHT	13035417
SUBHT	13035416
SUBHT	13035415
NUMBERS	

Sender's Details

Consignee's Details. Full Street Address Please

Company Name LECREWSET SA
Street Address SHOP 105
GARDEN ROUTE MALL
CORNER NZ HIGHWAY ROAD & KINSWA ROAD
Suburb GEORGE
City / Town GEORGE Postal Code 6529
Contact ELZANNE
Phone 044 04 0112

Company Name LECREWSET
Street Address UNIT 5 HERON PARK, OLIVE GROVE
ENTRANCE BUSINESS PARK,
1 OLD PAARDEVELD ROAD
Suburb SOMERSET
City / Town CPT Postal Code 7130
Contact VICKY
Phone 021 851 7178

- Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service

- Economy
- After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)

Sender's Reference UT4490229 Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code 027766 Bill To Sender Consignee Other (Name Please)

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED (SEE CLAUSE 14.5 14.6 AND 14.7 OVERLEAF)

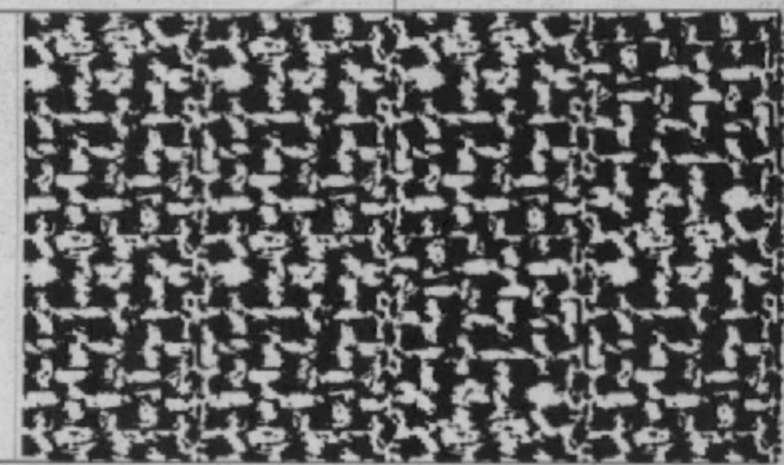
[Signature]
SENDER'S AUTHORISED SIGNATURE
DATE 03/09/2018

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>4</u>	<u>4 BOX</u>			
		<u>ATTENTION - ACCOUNTS.</u>		

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
Cerisa Venter
Date Received: 040918 Time Received: 1005
Signature: CAVenter

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
Date Received: DDMMYY Time Received: HHMM
Signature:



POD COPY

Version Control (01/2018)